

**Commonwealth of Kentucky
Department of Workers' Claims
EDI Vendor Application**

The undersigned, hereby applies for certification as an EDI vendor pursuant to 803 KAR 25:165
and states the following :

Name of Applicant: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Member of IAABC? ☐ Yes ☐ No

SFTP Site: _____

Trading Partners/Clients: (minimum of 10 required) Please Attach List to this application

Vendor Business Contact	
Name:	
Phone:	
Email:	
Title:	

Vendor Technical Contact	
Name:	
Phone:	
Email:	
Title:	

Applicant

By _____

Title: _____